



PTO/SB/22 (10-00)

Approved for use through 10/31/2002, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 214001-00823-1										
In re Application of CRISTIAN L. ACHIM ET AL.												
Application Number 10/073,522		Filed 2-11-02										
For METHODS OF USING IMMUNOPHILIN BINDING DRUGS TO IMPROVE INTEGRATION AND SURVIVAL OF NEURONAL CELL TRANSPLANTS												
Group Art Unit 1647	Examiner CHRISTOPHER J. NICHOLS											
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.												
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):												
<table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 420.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____											
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											
<table><tr><td><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00.</td></tr><tr><td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td></tr><tr><td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td></tr><tr><td><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td></tr><tr><td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2556. I have enclosed a duplicate copy of this sheet.</td></tr></table>			<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00.	<input type="checkbox"/> A check in the amount of the fee is enclosed.	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2556. I have enclosed a duplicate copy of this sheet.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00.												
<input type="checkbox"/> A check in the amount of the fee is enclosed.												
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.												
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.												
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2556. I have enclosed a duplicate copy of this sheet.												
I am the <input type="checkbox"/> applicant/inventor												
<table><tr><td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</td></tr><tr><td><input checked="" type="checkbox"/> attorney or agent of record.</td></tr><tr><td><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</td></tr></table>			<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	<input checked="" type="checkbox"/> attorney or agent of record.	<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.							
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).												
<input checked="" type="checkbox"/> attorney or agent of record.												
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
AUGUST 26, 2004		 Signature										
Date		Debra Z. Anderson										
08/31/2004 WASFAW1 00000015 022556 10073522		Typed or printed name										
01 FC:2252 210.00 DA												
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.												
<input checked="" type="checkbox"/> Total of 1 forms are submitted.												

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.